

JAN 26 2006

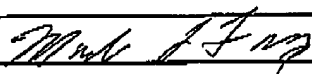
(Substitute) PTO/SB/21 (09-04)

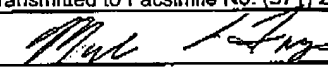
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/758,756	
	Filing Date	January 16, 2004	
	First Named Inventor	Bryan Bellafore	
	Art Unit	1733	
	Examiner Name	Jessica Rossi	
Total Number of Pages in This Submission	12	Attorney Docket Number	A1019/20348

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks _____ Please charge Attorney Account No. 03-0075 as necessary to effect entry and/or ensure consideration of this submission.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Caesar, Rivise, Bernstein, Cohen & Pokotilow, Ltd., Customer No. 03000	
Signature		
Printed name	Martin L. Faigus	
Date	January 26, 2006	Reg. No. 24,364

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Transmitted to Facsimile No. (571) 273-8300	
Signature	
Typed or printed name	Martin L. Faigus
Date	January 26, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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JAN 26 2006

PTO/SB/17 (12-04v2)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 120.00

Complete if Known

Application Number 10/758,756
Filing Date January 16, 2004
First Named Inventor Bryan Bellafore
Examiner Name Jessica Rossi
Art Unit 1733
Attorney Docket No. A1019/20348

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: 03-0075 Deposit Account Name: Caesar, Rivise et al.
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	0
Plant	200	100	300	150	160	80	0
Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)
Each independent claim over 3 (including Reissues)
Multiple dependent claims

	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims		
0 - 20 or HP = 0 x 0 = 0		
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims		
0 - 3 or HP = 0 x 0 = 0		
HP = highest number of independent claims paid for, if greater than 3.		
Multiple Dependent Claims		
0 - 0 = 0		

Total Claims Extra Claims Fee (\$) **Fee Paid (\$)**

0 - 20 or HP = 0 x 0 = 0

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) **Fee Paid (\$)**

0 - 3 or HP = 0 x 0 = 0

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

0 - 100 = 0 / 50 = 0 (round up to a whole number) x 0 = 0

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)


Other (e.g., late filing surcharge): Petition for Extension of Time

Fees Paid (\$)

0

120

SUBMITTED BY

Signature  Registration No. 24,364 Telephone 215-567-2010
(Attorney/Agent)
Name (Print/Type) Martin L. Faigus Date January 26, 2006

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